



COMMERCIAL WATER EFFICIENCY AUDIT FORM

CITY OF MIDDLETON - WATER UTILITY

7426 HUBBARD AVE, MIDDLETON, WI 53562

(608) 821-8370 • FAX (608) 827-1080

utility@cityofmiddleton.us

Please read all program rules before submitting. The rules can be found at
www.cityofmiddleton.us/waterconservation.

Applicant Information

Name (please print) _____ Business _____

Address _____ Unit Number _____ Account # _____

Mailing Address (if different) _____

Mailing Address City _____ State _____ Zip _____

Telephone _____ Email Address _____

Preferred method of contact Mailing Telephone Email

Water Audit Information

Please describe the water efficiency audit that will be undertaken. Please include the auditors' name, business name, address, and telephone number.

Post Water Audit

If all of the recommended water savings measures are undertaken, what would be the estimated annual number of gallons saved?

Water Audit Agreement

I have read, understand, and agree to the terms and conditions in the water conservation program description. I understand that the Middleton Water Utility will reimburse 50% of the costs of the water audit upon receipt of this form along with proof of payment for the audit. I understand that the Middleton Water Utility will only earmark funds for this water efficiency audit for 60 days following the acceptance of this form. Please wait to hear from the Water Utility for formal acceptance of this form prior to beginning the audit. After 60 days, the funds are released and made available to other commercial customers. Funding for this program is allocated annually. Audit reimbursements available while funding lasts.

Applicant Signature _____ Date _____